

CLINICAL POLICY ADVISORY GROUP (CPAG)

Surgical Removal of Lipoma/Lipomata Policy

Statement

Derby and Derbyshire CCG has deemed that the surgical removal of lipomas should not routinely be commissioned unless criteria 1 AND 2 are met:

1. The lipoma is at least 5cms in diameter
- AND
2. One or more of the following factors impacts on quality of life:
 - The lipoma is associated with severe functional disability*
 - The lipoma significant pain and/or infection

* e.g. the ability to do activities of daily living is hampered by the presence of the lipomata, such as dressing, personal hygiene, functional mobility.

These commissioning intentions will be reviewed periodically. This is to ensure affordability against other services commissioned by the CCG.

1. Background

A lipoma is a common benign (non-cancerous) tumour mainly composed of adipose tissue (fat). Lipomas are usually found in the subcutaneous tissue and less commonly in internal organs. They can occur in almost any part of the body and the lesions are solitary or multiple and usually of no significance.

Lipomas can occur at any age but tend to arise in adulthood. Solitary lipomas are more common in women whilst multiple lipomas occur more frequently in men. Lipomata are often asymptomatic and therefore require no treatment, unless large in which case they can cause pain through pressure on various structures and may require surgical removal.

2. Recommendation

Derby and Derbyshire CCG (DDCCG) does not routinely commission the surgical removal of lipomas unless criteria 1 AND 2 are met:

1. The lipoma is at least 5cms in diameter
AND
2. One or more of the following factors impacts on quality of life:
 - The lipoma is associated with severe functional disability*
 - The lipoma significant pain and/or infection

* eg the ability to do activities of daily living is hampered by the presence of the lipomata, such as dressing, personal hygiene, functional mobility.

Lipomas under 5cm should be observed using current [British Sarcoma Group Guidance for soft tissue sarcoma management](#).

Exception

Soft tissue lumps over 5cm in diameter or in a subfascial position which have shown rapid growth and/ or are painful, should be referred to an appropriate clinic.

Information to be Included with Referral

- Details of condition
- Size of lesion
- Evidence of functional disability/ trauma

3. Rationale for Recommendation

The aim of surgery is to improve patient function relating to a diagnosed pathology which has been clinically defined as resulting from a tissue state which can be addressed through Plastic Surgery procedures.

Lipomata are often asymptomatic and therefore require no treatment, unless large in which case they can cause pain through pressure on various structures and may require surgical removal

Lipomata repeatedly subject to trauma do not necessarily have an impact on patient's quality of life, and therefore removal of lipomata would not be routinely funded.

4. Useful Resources

- Lipomas, NHS, last reviewed 25/08/20, <https://www.nhs.uk/conditions/lipoma/>
- Lipoma, Primary Care Dermatology Society, updated 08/06/18, accessed 17/06/21, <http://www.pcds.org.uk/clinical-guidance/lipoma>

5. References

- Lipomas, NHS, last reviewed 25/08/20, accessed 15/06/21 <https://www.nhs.uk/conditions/lipoma/>
- Information for commissioners of plastic surgery services: referrals and guidelines in plastic surgery, British Association of Plastic, Reconstructive and Aesthetic Surgeons (BAPRAS), March 2012, accessed 15/06/21, <http://www.bapras.org.uk/docs/default-source/commissioning-and-policy/information-for-commissioners-of-plastic-surgery-services.pdf?sfvrsn=2>
- Dangoor, A., Seddon, B., Gerrand, C. et al. UK guidelines for the management of soft tissue sarcomas. Clin Sarcoma Res 6, 20 (2016), accessed 16/06/21 <https://doi.org/10.1186/s13569-016-0060-4>
- Lipoma, Primary Care Dermatology Society, updated 08/06/18, accessed 17/06/21, <http://www.pcds.org.uk/clinical-guidance/lipoma>

6. Appendices

Appendix 1- Consultation

All relevant providers/stakeholders will be consulted via a named link consultant/specialist. Views expressed should be representative of the provider/stakeholder organisation. CPAG will consider all views to inform a consensus decision, noting that sometimes individual views and opinions will differ.

Consultee	Date
General and Colorectal Surgeon, Divisional Director Surgical Services (CRH)	October 2020
Consultant Dermatologist (CRH)	October 2020
Consultant Maxillofacial / Head & Neck Surgeon & Assistant Clinical Director OMFS (UHDB)	October 2020
Consultant Maxillofacial / Head & Neck Surgeon (UHDB)	October 2020
Associate Specialist Plastics (UHDB)	October 2020
Consultant Dermatologist (UHDB)	October 2020
Consultant Orthopaedic, Sarcoma Clinic (UHDB)	July 2021

Clinical Policy Advisory Group	July 2021
Clinical Lay Commissioning Committee	August 2021
Consultant Orthopaedic, Sarcoma Clinic (UHDB)	August 2021
Clinical Policy Advisory Group	September 2021
Clinical Lay Commissioning Committee	October 2021

Appendix 2- Document Update

Document Update	Date Updated
Version 2 - Policy has been reworded and reformatted to reflect the new DDCCG organisation's clinical policy format. This includes the addition of background information, useful resources and references. Addition of intervention to policy title to provide clarity. Statement under the 'Exceptions' section of the policy previously referred to lipomata. This has now been changed to soft tissue lump, in line with the UK guidelines for the management of soft tissue sarcomas wording.	July 2021
Version 2.1 – Policy updated to remove reference to 2WW (for Sarcoma Clinic) in line with CPAG principles	September 2021

Appendix 3- OPCS code(s)

N/A - ICD 10 codes D17, E88.2